

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

43853
Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis

Registration District No. 701
 Primary Registration District No. 1003
 (d) Street No. City Hospital No. 1

Registered No. 12703

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
10995 Delores Brooks

2. PRINT FULL NAME

(a) Residence, No. 5023 Bulwer St. 9
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 6 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. nil
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER 13. NAME Oscar Brooks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Myrtle Telton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL

PLACE Friedens DATE Dec. 31, 1937

19. FUNERAL DIRECTOR (ADDRESS) Wiedmeyer & Sons
3934 N. 20 St.
J. F. Bredeck

20. FILED DEC 30 1937 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/29/37 19

22. I HEREBY CERTIFY, That I attended deceased from 10/26/37 to 12/29/37, 19

I last saw her 12/29/37 alive on 12/29/37 19. Death is said to have occurred on the date stated above, at 7.45 m. a

The principal cause of death and related causes of importance were as follows:

Pneumonia, lobar Date of onset 11-1-37

Other contributory causes of importance:

otitis media 108 11-10-37

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) J. W. Burnett M. D.

(Address) City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

I, Geo P Schubert

Licensed Embalmer No. 2212

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

My self

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

Geo P Schubert

Licensed Embalmer No. 2212

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)